

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: SHERIFF
Dept. Contact: _____
Phone #: _____
Department Head
Signature: [Signature]

CONTRACTOR:

Name: STATE DEPT OF JUSTICE
Address: _____
Phone: _____

ELDERADO COUNTY COUNSEL
DEC 14 PM 5:24
[Signature]

CONTRACTING DEPARTMENT: SHERIFF

Compliance with Human Resources requirements? Yes: No:
Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: Date: 12-14-06 By: [Signature]
Approved: Disapproved: Date: _____ By: _____

ASSIGNMENT

DATE	<u>12/14/06</u>
ATTORNEY	<u>ED</u>
DEPT. INDEX NO.	<u>241110</u>
BY:	<u>[Signature]</u>

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

OTHER APPROVAL (Specify department(s) participating or directly affected by this contract). Department(s): _____

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____